

# The Night I Pulled D

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## What This Means to You

If you're a doctor, corpsman, or a person trained in first aid or CPR, you never know when you may be called upon to use these skills. Last spring, when a series of tornadoes ripped across Oklahoma City, our Safety Center surgeon was visiting relatives in that city. He was called upon to help with casualties at a hospital. Here are his experiences and what he learned from them.

I was in Oklahoma City on emergency leave for my father-in-law's funeral. After a long day of making funeral arrangements, my family and I had returned to my mother-in-law's to have dinner. We turned on the TV to catch the evening news and learned there was a major storm system. Several tornadoes were headed directly for us.

We saw the late afternoon sky turn black. Then we listened to the golf-ball-sized hail pound the house. When we heard the tornado sirens wailing, we headed for our tornado shelter. The tornado didn't roar over our heads, it just missed us. But its path of destruction was only four miles away.

On May 3, 1999, multiple tornadoes ripped through the central portion of Oklahoma. One tornado (rated as the most powerful—an F5) carved a path of destruction 70 miles long, including 19 miles of suburban Oklahoma City. At times, this tornado was a half-mile wide. Winds were as high as 320 mph. At its maximum intensity, this tornado left little in its path. Thousands of homes were destroyed. Trees and shrubs were uprooted and blown away. Grass was pulled from the ground. In some places, even the street pavement was ripped away.

In neighborhoods that were hardest hit, the destruction resembled the aftermath of a nuclear bomb. The only way people in the direct path of this monster could avoid being hurt or killed was to be underground in a storm shelter. At least 45 people died in the Oklahoma City tornado, and hundreds were injured.

# Duty in a Civilian ER

Sunny skies were returning as everyone in our neighborhood left their homes and storm shelters. My in-laws' elderly neighbor approached us. He was shaking and trembling as he told us he had just received word that his daughter and granddaughter had been seriously injured and had been taken to a hospital. He was in no condition to drive, so my wife and I offered to take him to find his family.

When we got to the hospital, casualties were just beginning to arrive via cars and pick-up trucks. Since emergency crews weren't bringing in the patients (family and friends were driving them), no one had assessed their conditions or stabilized them. Most of them were only partially clad in what remained of their tattered clothing. Several of the injured were carried in on doors being used as make-shift stretchers. I don't believe I have ever seen so much dirt and mud mixed with blood.

It was obvious that the ER staff was overwhelmed by the number of casualties. Leaving my wife to help our neighbor locate his family, I pulled out my military ID, medical license and medical-society cards to show to a nurse standing guard at the entrance to the ER. I need not have bothered with all that identification. As soon as she realized I was a Navy doctor, she grabbed my arm and showed me where to gown and scrub. In less than five minutes, I was seeing my first patient. Despite the fact that there were brief introductions, in the mass confusion that followed, I was usually referred to as "Navy Doc." I heard a lot of, "Navy Doc, can you help me here?" or "Navy Doc, can you take the next patient?"

We saw some very serious casualties. I will never forget some of them. For instance, we resuscitated and stabilized a woman with a splintered 2-by-4 in her side. I learned later that she lived. Unfortunately, not everyone was so lucky. One of the dead was a bruised and battered 5-year-old girl who had multiple bent and broken limbs. She looked like a dirty rag doll someone had thrown down.

When the recalled staff began to arrive, I moved to the secondary triage area in the cafeteria. Here I reassessed patients and started more definitive

treatment. I ordered X-rays and labs and sutured wounds. Although the triage, resuscitation, and stabilization in the ER worked just as I had expected, I thought that crowd control in the cafeteria was a problem. Interestingly, the secondary triage and holding area for all our mass-casualty drills when I was the senior medical officer aboard USS *Theodore Roosevelt* (CVN 71) had also been on the mess decks. But with real casualties and lots of understandably concerned family and friends all over the place, this was different.

Patients were lying side by side on rows of cots with their family and friends surrounding them. When we asked these folks to wait outside, more would filter in and take their place. As we were still seeing patients with potentially serious trauma, I found it awkward to disrobe them and do a complete exam as part of the secondary assessment. Since the ER was still packed with more serious casualties, it would have been better to have had a secured intermediate area with some degree of privacy. Following a more complete assessment, stable patients could then have joined their concerned family and friends in an area such as the cafeteria.

The patients I saw had unique skin trauma. When skin is exposed to extremely high wind, it becomes red and bumpy. When we probed these bumps, we found they contained small pieces of glass, wood and dirt. Most amazingly, I sometimes found what looked like a large whisker sticking out of the skin. These "whiskers" were actually small pieces of straw or grass that had been imbedded like a spear up to one centimeter deep. I was quickly learning what a tornado can do to our fragile bodies.

When it became clear that we were no longer receiving casualties in the ER and the hospital staff could manage, I turned over my remaining patients and walked back to my in-laws' home. As we were saying our good-byes, the ER staff chimed in, saying, "Thanks for everything, Navy Doc." I have never been more proud of that title than I was that day. 

Capt. Fraser received his M.D. from the University of Oklahoma College of Medicine in 1977. He is board certified in family practice and aerospace medicine.